



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
42 Richland		0745 Sidney Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
70	5	1	52	1.57	78	08/11/04	_____	_____
70	5	10	100	0.95	22	08/11/04	_____	_____
70	5	11	64	0.95	26	08/11/04	_____	_____
70	5	11-A	22	0.95	26	08/11/04	_____	_____
70	5	11-B	21	0.95	26	08/11/04	_____	_____
70	5	2	50	1.36	60	08/11/04	_____	_____
70	5	3	77	1.57	78	08/11/04	_____	_____
70	5	5	26	1.57	78	08/11/04	_____	_____
70	5	6	87	1.80	84	08/11/04	_____	_____
70	5	8	99	1.80	84	08/11/04	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
42 Richland		0746 Sidney H S					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
30	1	1	52	1.57	78	08/11/04	_____	_____
30	1	10	100	0.95	22	08/11/04	_____	_____
30	1	11	64	0.95	26	08/11/04	_____	_____
30	1	11-B	21	0.95	26	08/11/04	_____	_____
30	1	2	50	1.36	60	08/11/04	_____	_____
30	1	3	77	1.57	78	08/11/04	_____	_____
30	1	5	26	1.57	78	08/11/04	_____	_____
30	1	6	87	1.80	84	08/11/04	_____	_____
30	1	8	99	1.80	84	08/11/04	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for
State Reimbursement for
School Bus Transportation

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
42 Richland		0747 Savage Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
52	7J	1	100	1.15	53	08/12/04	_____	_____
52	7J	2	126	0.95	47	08/12/04	_____	_____
48	7J	3	98	1.15	53	08/12/04	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County: 42 Richland		District: 0748 Savage H S					District Level: High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
48	2	1	100	1.15	53	08/12/04	_____	_____
48	2	2	126	0.95	47	08/12/04	_____	_____
52	2	3	98	1.15	53	08/12/04	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County: 42 Richland		District: 0749 Brorson Elem					District Level: Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	11	1	88	1.36	66	08/22/04	_____	_____
100	11	1a	88	1.15	55	08/22/04	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for
State Reimbursement for
School Bus Transportation

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees								
County:	District:						District Level:		
42 Richland		0750 Fairview Elem						Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
60	13	1	62	0.95	36	08/02/04	_____	_____	
60	13	2	75	0.95	19	08/04/04	_____	_____	
60	13	3	120.8	0.95	21	08/18/04	_____	_____	
60	13	4	48	0.95	19	08/04/04	_____	_____	
60	13	5	48	0.95	19	08/04/04	_____	_____	
60	13	6	184.8	0.95	42	08/02/04	_____	_____	
60	13	8	19.6	0.95	42	08/20/04	_____	_____	



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
42 Richland		0751 Fairview H S					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
40	3	1	62	0.95	36	08/02/04	_____	_____
40	3	2	75	0.95	19	08/04/04	_____	_____
40	3	3	120.8	0.95	21	08/18/04	_____	_____
40	3	4	48	0.95	19	08/04/04	_____	_____
40	3	5	48	0.95	19	08/04/04	_____	_____
40	3	6	184.8	0.95	42	08/02/04	_____	_____
40	3	8	19.6	0.95	42	08/20/04	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County: 42 Richland		District: 0754 Rau Elem					District Level: Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	21	1	28	0.95	47	None	_____	_____
100	21	2	108	1.15	54	09/21/04	_____	_____
100	21	2A	7.8	1.15	54	09/21/04	_____	_____
100	21	3	47.6	0.95	35	08/12/04	_____	_____
100	21	3a	8.6	0.95	35	08/12/04	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
42 Richland		0768 Lambert Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
70	86	1	153.2	0.95	36	08/14/04	_____	_____
70	86	2	70.6	0.95	41	08/14/04	_____	_____
70	86	3	124.4	0.95	36	08/14/04	_____	_____
70	86	5	93	0.95	36	08/14/04	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
42 Richland		0769 Lambert H S					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
30	4	1	153.2	0.95	36	08/14/04	_____	_____
30	4	2	70.6	0.95	41	08/14/04	_____	_____
30	4	3	124.4	0.95	36	08/14/04	_____	_____
95	4	3	22	1.80	84	08/18/04	_____	_____
30	4	5	93	0.95	36	08/14/04	_____	_____